

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF NEW JERSEY

In re NATALIE M. NEBBLETT, Debtor,	Chapter 11 Case No. 11-27398
GE CAPITAL CORPORATION,  Plaintiff,  v.  NATALIE M. NEBBLETT, GERALD M. SHERMAN, JERSEY SHORE ORTHODONTICS, LLC, and NAT I, LLC,  Defendants.	A.P. No. 11-02587-RTL

**CERTIFICATE OF SERVICE**

I, Jonathan R. Miller, hereby certify as follows:

1. On or about March 1, 2012, I caused a copy of the complaint and summons in the above-captioned matter to be served via regular and certified mail, together with copies of the Court's pretrial instructions and blank form of Joint Pretrial Order, upon the following:

Jersey Shore Orthodontics, LLC  
c/o Natalie M. Nebblett  
3 Geraldine Court  
Farmingdale, NJ 07727

Gerald M. Sherman  
3 Geraldine Court  
Farmingdale, NJ 07727

NAT I, LLC  
c/o Natalie M. Nebblett  
3 Geraldine Court  
Farmingdale, NJ 07727

2. Attached to this certification are true and correct copies of the U.S. Postal Service domestic return receipts, indicating that each of the foregoing defendants were served on March 6, 2012.

3. Also, to date none of the documents mailed via regular mail have been returned, undelivered, to this office.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Date: April 18, 2012

/s/ Jonathan R. Miller  
Jonathan R. Miller, Esq.  
**WONG ♦ FLEMING, P.C.**  
821 Alexander Road, Suite 150  
P.O. Box 3663  
Princeton, New Jersey 08543-3663  
P: 609 951 9520  
jmiller@wongfleming.com  
*Attorneys for GE Capital Corporation*

SENDER: COMPLETE THIS SECTION

- Document Page 3 of 5
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
  - Print your name and address on the reverse so that we can return the card to you.
  - Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Gerald M. Sherman  
3 Geraldine Court  
Farmingdale NY 11727

2. Article Number-

(Transfer from service label)

7011 0110 0002 2392 5181

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

3/6

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

Postage \$ 2.10

Certified Fee 2.95

Return Receipt Fee  
(Endorsement Required)Restricted Delivery Fee  
(Endorsement Required)

Total Postage &amp; Fees \$ 5.05

Postmark  
Here

Sent To

Gerald M. Sherman

Street, Apt. No.,  
or PO Box No.

3 Geraldine Court

City, State, ZIP+4

Farmingdale NY 11727

PS Form 3800, August 2006

See Reverse for Instructions

7011 0110 0002 2392 5181

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- ☒ Print your name and address on the reverse so that we can return the card to you.
  - ☒ Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Jersey Shore Orthodontics LLC  
c/o Natalie M. Nebblett  
3 Geraldine Court  
Farmingdale NJ 07727

## 2. Article Number

(Transfer from service label)

7011 0110 0002 239

PS Form 3811, February 2004

Domestic Return Receipt

## COMPLETE THIS SECTION

## A. Signature

X

## B. Received by (Printed Name)

## D. Is delivery address different? If YES, enter delivery address

## 3. Service Type

- ☒ Certified Mail ☐  
☐ Registered ☐  
☐ Insured Mail ☐

## 4. Restricted Delivery? (E)

U.S. Postal Service

## CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$ 2.10

Certified Fee 2.95

Return Receipt Fee  
(Endorsement Required)Restricted Delivery Fee  
(Endorsement Required)

Total Postage &amp; Fees \$ 5.05

Postmark  
Here

Sent To

Street, Apt. No.,  
or PO Box No.

City, State, ZIP+4

PS Form 3800, August 2003

See Reverse for Instructions

4025 2622 2000 0110 7011

SENDER: COMPLETE THIS SECTION

- Document Page 5 of 5
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
  - Print your name and address on the reverse so that we can return the card to you.
  - Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

NAT I, LLC  
 c/o Natalie M. Nebblett  
 3 Geraldine Court  
 Farmingdale NY 07727

2. Article Number

(Transfer from service label)

7011 0110 0002 2392 5389

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

Postage

\$ 2.10

Certified Fee

295

Return Receipt Fee  
(Endorsement Required)Restricted Delivery Fee  
(Endorsement Required)

Total Postage &amp; Fees

\$ 5.05

Postmark  
Here

Sent To

NAT I, LLC c/o Natalie M. Nebblett

Street, Apt. No.,  
or PO Box No.

3 Geraldine Court

City, State, ZIP+4

Farmingdale NY 07727

PS Form 3800, August 2006

See Reverse for Instructions

7011 0110 0002 2392 5389